

Child and Adolescent Needs and Strengths
(CANS)
Wisconsin
Multi-system Comprehensive Version 01-21-16

[Click here for CANS Birth-5 Manual](#)

[Click here for CANS 5-21 Manual](#)

GLOSSARY OF ITEMS

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The decision support and information management tools support communication in a complex environment. They serve to integrate information from whatever sources are available.

Five Key Principles of the CANS

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths.
3. Rating should describe the child not the child in services. If an intervention is present that is masking a need but must stay in place, that is factored into the rating and would result in the rating of an 'actionable' need (i.e. '2' or '3').
4. The ratings are generally 'agnostic as to etiology'. In other words this is a descriptive tool. It is about the 'what' not the 'why'. Only two items, Adjustment to Trauma and Social Behavior, have any cause-effect judgments.
5. A 30-day window is used for ratings in order to make sure assessments stay 'fresh' and relevant to the child or youth's present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

Action Levels for Need Items:

0 – no evidence – This rating indicates that there is no reason to believe that a particular need exists. It does not state that the need categorically does not exist, it merely indicates that based on current assessment information there is no reason to address this need. e.g. does Johnny smoke weed? He says he doesn't, his mother says he doesn't, no one else has expressed any concern – does this mean Johnny is not smoking weed? NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.

1 - watchful waiting/prevention – This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse. e.g. a child who has been suicidal in the past. We know that the best predictor of future behavior is past behavior, and that such behavior may recur under stress, so we'd want to keep an eye on it from a preventive point of view.

2 - action needed – This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic that it is interfering in the child or family's life in a notable way.

3 - immediate/intensive action – This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child who is not attending school at all or a acutely suicidal youth would be rated with a '3' on the relevant need.

On the Needs Assessment there are "U's" for unknowns - on the CANS there are none as by the time we are doing service planning, we should have enough information about the child and family to be able to develop a rating. Thus not knowing key information is not acceptable when doing service planning.

TRAUMA EXPERIENCES

TRAUMA STRESS SYMPTOMS

LIFE DOMAIN FUNCTIONING

Life domains are the different arenas in a child and family's life. These areas were selected from New Jersey's model of wraparound.

Family-nuclear

This item rates who the child is functioning within his/her nuclear family. This refers exclusively to parents and siblings only. We recommended that the definition of family should come from the child's perspective (i.e. who the child

describes as his/her family). If you do not know this information, then we recommended a definition of family that includes biological relatives and their significant others with whom the child is still in contact.

Family-extended

Family-nuclear

This item rates who the child is functioning within his/her extended family. This refers to all family members excluding parents and siblings. We recommended that the definition of family should come from the child's perspective (i.e. who the child describes as his/her family). If you do not know this information, then we recommended a definition of family that includes biological relatives and their significant others with whom the child is still in contact.

Living Situation

If a child is living with his/her family this rating is likely similar to the previous one. However, for children in out of home placements this refers to the child's functioning in his/her current living arrangement. Detention Centers, hospitals, and shelters do not count as living situations. If a child is presently in one of these places, rate the previous living situation.

Social Functioning--Peer

This item rates the child social skills and relationship functioning with same age children or youth. This includes age appropriate behavior and the ability to make and maintain relationship during the past 30 days. Social function is different from Interpersonal strengths in that functioning is a description of how the child/youth is doing currently. Strengths are longer term assets. A child with friends may be struggling to get along with them currently.

Social Functioning--Peer

This item rates the child social skills and relationship functioning with adults. This includes age appropriate behavior and the ability to make and maintain relationship during the past 30 days. Social function is different from Interpersonal strengths in that functioning is a description of how the child/youth is doing currently. Strengths are longer term assets. Further, functioning describes any difficulties while strengths describe any assets.

Recreational

This item rates the degree to which a child has identified and utilizes positive leisure time activities. A '0' would be used to indicate a child who makes full use of leisure time activities to pursue recreational activities that support his/her healthy development and enjoyment.

Developmental

This item rates the presence of Mental Retardation or Developmental Disabilities only and does not refer to broader issues of healthy development. A '1' would be

a low IQ child. Asperger's Syndrome would likely be rated a '2' while Autism would be rated a '3'.

A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the [Developmental Needs Module](#).

The Developmental Module specifies the type of developmental problem and associated self care and assistive needs.

Communication

This item refers to learning disabilities involving expressive and/or receptive language. This item **does not** refer to challenges expressing feelings.

Legal

This item indicates the youth's level of involvement with the juvenile justice system. Family involvement with the courts is not rated here-only the identified child's involvement is relevant to this rating. Issues of family involvement in the justice system are not rated here.

A rating of a 1, 2 or 3 triggers the completion of the juvenile justice module.

Medical

This item rates the child's current health status. Most transient, treatable conditions would be rated as a '1'. Most chronic conditions (e.g. diabetes, severe asthma, HIV) would be as a '2'. The rating of '3' is reserved for life threatening medical conditions.

A rating of a 1, 2 or 3 triggers the completion of the health module.

Physical

This item is used to identify any physical limitations and could include chronic conditions such as limitations in vision, hearing or difficulties with fine or gross motor.

Sleep

This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep. Bedwetting and nightmares should be considered a sleep issue.

Independent Living

This item is used to describe the youth's ability to do relevant activities of daily living. Independent living skills include money management, cooking, transportation, etc. If consideration of independent living is not in the current planning process, this item can be rated "Not Applicable".

School Functioning

School Attendance

This item assesses the degree to which the child's attends school. Truancy and expulsion/suspension are all attendance problems.

School Behavior

This item rates the child behavior in school. This is rated independently from attendance. Sometimes children are often truant but when they are in school they behave appropriately. If the school placement is in jeopardy due to behavior, this would be rated a "3."

School Achievement

This item rates the child's level of academic achievement. A child having moderate problems with achievement and failing some subjects would be rated a "2." A child failing most subjects or who is more than one year behind his/her peers would be a "3."

Relationship with Teachers

This item describes any challenges that the child experiences in his/her relationship with teachers, regardless of the cause. Conflictual relations, and withdrawn (unable to seek help) would both be rated here.

Note: for the school items, if the child is receiving special education services, rate the child's performance and behavior relative to their peer group. If it is planned for the child to be mainstreamed, rate the child's school functioning relative to that peer group.

CHILD STRENGTHS

NOTE: Think about how the trumps work in a strength-based direction when rating strengths for the child, the caregiver and acculturation categories.

A "0" would indicate that this is a significant and functional strength that could become the centerpiece in service planning. For example, a child with a significant interest and involvement in different sports or dance activities and who feels good about his/her involvement. A "1" would indicate that the strength is clearly exists and could become part of the service plan. A "2" would indicate that a potential strength has been identified but requires building and development to become useful to the child. For example a teen who loves animals but has no vocational interest or experience. A plan could be developed that explores combining the teen's interest to develop prevocational and vocational experience in their area of interest. A "3" would indicate that no strength has been identified at this time. A rating at this level would suggest that in this area the effort would be towards identifying and building strengths that can become useful to the child. For example a teen with no identified areas of vocational interest. A planning focus

may be to work with the teen to begin to identify possible areas of interest and educate them about different kinds of jobs.

Remember that strengths are NOT the opposite of needs. Increasing strengths while addressing behavioral/emotional needs leads to better functioning and outcomes than just focusing on the needs. Identifying areas where strengths can be built is an important element of service planning.

Family-nuclear

This item refers to the presence of a family identify and love and communication among nuclear family members (i.e. parents and siblings). Even families who are struggling often have a bedrock of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify.

Family-extended

This item refers to the presence of a family identify and love and communication among extended family members. Even families who are struggling often have a bedrock of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify.

Positive Peer Relations

This item is used to identify a child's social and relationship skills and involvement with same age children or youth who are positive aspects of his/her life.

Optimism

This refers to the child's sense of future orientation. There is a strong literature that indicates that kids with a solid sense of themselves and their future have better outcomes than children who do not. A "1" would be a child who is generally optimistic. A "3" would be a child who has difficulty seeing any positives about her/himself or his/her future.

Educational

Certainly a child who loves and excels at school would be rated as having this strength. However, this item predominantly refers more to the nature of the school's relationship to the child and family and the level of support the child is receiving from the school. A rating of "O" would be given if the school was an active participant with the child and family. A rating of "2" would be given if the school was not able to address the child's needs.

Vocational

Vocational Strengths are rated independently of functioning (a youth can have considerable strengths but not be doing well at the moment). Developing

vocational skills and having a job is a significant indicator of positive outcomes in adult life. A "1" would indicate that the child has some vocational skills or work experience. A "3" would indicate that the child needs significant assistance in developing those skills. Working to build such skills would become an important part of a service plan for a teen.

Talents/Interests

This item refers to hobbies, skills, artistic interests and talents that are positive ways that kids can spend time and also gives them pleasure and a positive sense of themselves. A kid who likes to collect car stereos without paying for them may need some assistance in developing other interests such as learning to fix his friends' car stereos.

Spiritual/Religious

This item refers to the child (and family's) experience of receiving comfort and support from religious or spiritual involvement. This is the most controversial item in the category of child strengths in terms of peoples' comfort levels. For example, one DYFS worker took the children she worked with to her church, while another refused to even discuss the topic as she thought it was not her business. A "O" on this item indicates that the child's and families' spiritual/religious beliefs and practices are a comfort and significant source of support. For example, a child who is very involved in her church youth group and gives her a source of belonging and in which she has many friends.

Community Life

This item reflects the youth's connection to their community. Kids with a sense of belonging and a stake in their community do better than kids who don't. Children who have moved a lot or who have been in multiple foster care settings may have lost this sense of connection to community life and so might be rated a "3".

Relationship Permanence

This item identifies whether parents or other relatives have been a consistent part of the child's life regardless of the quality of that relationship. A child with no involvement with his/her parents would be a '3'. A 'O' would be for a child who has been consistently involved with both biological parents. A child with divorced parents would be rated a "1."

Youth Involvement

This item identifies whether the youth is an active partner in planning and implementing any treatment plan or service package. Like all ratings this should be done in a developmentally informed way. Expectations for involvement in planning are lower for children than for adolescents. Small children are not expected to participate so a '3' rating is OK since this is a strength.

Natural Supports

To be a Natural Support one has to be an unpaid individual who has demonstrated the willingness to become involved in the youth's life in a positive and helpful manner. Family members who provide support are rated under Family Strengths, so these supports should be restricted to non-family.

ACCULTURATION

Language

This item looks at whether the child and family need help in communication with you or others in their world. In immigrant families, the child(ren) often becomes the translator. While in some instances, this might work well, it may become a burden on the child, or the child, say in a juvenile justice situation might not translate accurately, and so assessing this item depends on the particular circumstances.

Identity

This item refers to whether the child is experiencing any difficulties or barriers to their connection to their cultural identity. Can the child be with others who share a common culture? A newly immigrated Indian child living in a predominantly Caucasian neighborhood and attending a predominantly Caucasian school may be rated a "1" or a "2."

Ritual

This item looks to identify whether barriers exist for a youth to engage in rituals relevant to his/her culture. For example, can a Buddhist child in a residential setting have place to chant? Can a Muslim youth pray in the direction of Mecca at the requisite times during the day?

Cultural Stress

This item identifies circumstances in which the youth's cultural identity is met with hostility or other problems within his/her environment due to differences in the attitudes, behaviors, or beliefs of others. Racism is a form of cultural stress as are all forms of discrimination.

CAREGIVER STRENGTHS & NEEDS

In general, we recommend that you rate the unpaid caregiver or caregivers with whom the child is currently living. If the child has been placed, then focus on the permanency plan caregiver to whom the child will be returned. If it is a long term foster care or pre-adoptive placement, then rate that caregiver(s).

If the child is currently in a congregate care setting, such as a hospital, shelter, group home, or residential treatment center then it may be more appropriate to rate the community caregivers where the child will be placed upon discharge from congregate care. If there is NO community caregiver, this section might need to be left blank with an indication that no caregiver is identified.

In situations where there are multiple caregivers, we recommend making the ratings based on the needs of the set of caregivers as they affect the child. For example, the supervision capacity of a father who is uninvolved in monitoring and discipline may not be relevant to the ratings. Alternatively, if the father is responsible for the children because he works the first shift and the mother works the second shift then his skills should be factored into the ratings of Supervision.

Supervision

This item refers to the caregiver's ability to provide monitoring and discipline to the rated child. Discipline is defined in the broadest sense as all of the things that parents/caregivers can do to promote positive behavior with their children. A mother who reports frequent arguments with her teenage son, who is not following house rules, is staying out all night and who may be using drugs or alcohol may be rated a "2."

Involvement

A '0' on this item is reserved for caregivers who are able to advocate for their child. This requires both knowledge of their child, their rights, options, and opportunities. A '1' is used to indicate caregivers who are willing participants with service provision, but may not yet be able to serve as advocates for their child.

Knowledge

This item is perhaps the one most sensitive to issues of cultural competence. It is natural to think that what you know, someone else should know and if they don't then it's a knowledge problem. In order to minimize the cultural issues, we recommend thinking of this item in terms of whether there is information that if you made available to the caregivers they could be more effective in working with their child.

Organization

This item is used to rate the caregiver's ability to organize and manage their household within the context of intensive community services. Parents who need help organizing themselves and/or their family would be rated a '2' or '3'.

Social Resources

If a family has money, it can buy help. In the absence of money, families often rely on social supports to help out in times of need. This item is used to rate the availability of these supports. This item is the caregiver equivalent to the Natural Supports items for children and youth.

Residential Stability

Stable housing is the foundation of intensive community-based services. A '3' indicates problems of recent homelessness. A '1' indicates concerns about instability in the immediate future. A family having difficulty paying utilities, rent or a mortgage might be rated as a '1'. This item refers exclusively to the housing

stability of the caregiver and should not reflect whether the child might be placed outside of the home.

Physical

This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that limit or prevents their ability to parent the child. For example a single parent who has recently had a stroke and has mobility or communication limitations might be rated a '2' or even a '3'. If the parent has recently recovered from a serious illness or injury or if there are some concerns of problems in the immediate future they might be rated a '1'.

Mental Health

This item allows for the identification of serious mental illness among caregivers that might limit caregiver capacity. A parent with serious mental illness would likely be rated a '2' or even a '3' depending on the impact of the illness. However, a parent whose mental illness is currently well controlled by medication might be rated a '1'. This item should be rated independently from substance use.

Substance Use

This item describes the impact of any notable substance use on caregivers. If substance use interferes with parenting a rating of '2' is indicated. If it prevents caregiving, a '3' would be used. A '1' indicates a caregiver currently in recovery or a situation where problems of substance use are suspected but not confirmed.

Developmental

This item describes the presence of mental retardation among caregivers. A parent with limited cognitive capacity that challenges their ability to provide parenting would be rated here. Like the Developmental item for children and youth, rating on this item should be restricted to the identification of developmental disabilities (i.e. mental retardation and other disabilities) and does not refer to a broad spectrum of developmental issues (e.g. aging is not rated here).

Accessibility to Care

This item describes the caregiver's access to child care supports such as baby-sitting or day care.

Family Stress

This item refers to the impact the child or youth's challenges place on the family system. A very high need child or one that engages in specific behavior that is very disruptive to a family can create a substantial amount of Family Stress. Historically, this item was referred to a burden in that raising a child with many needs can weigh on the family.

Safety

This item describes whether individuals in the home present a danger to the child. This item does **not** describe situations in which the caregiver is unable to prevent a child from hurting him/herself despite well-intentioned efforts. A '2' or '3' on this item requires child protective services involvement. This item is only an indicator of the need for child protective services.

BEHAVIORAL/EMOTIONAL NEEDS

Psychosis

The primary symptoms of psychosis include hallucinations (experiencing things other do not experience), delusions (a false belief based on an incorrect inference about reality that is firmly sustained despite the fact that nearly everybody thinks the belief is false or proof exists of its inaccuracy), or bizarre behavior. The most common form of hallucination is tactile, followed by auditory and then visual.

While the growing evidence suggests that schizophrenia can start as early as age nine, schizophrenia is more likely to begin to develop in the teenage years. Even young children can have psychotic disorders, most often characterized by hallucinations. Posttraumatic stress disorder secondary to sexual or physical abuse can be associated with visions of the abuser when they are falling asleep or waking up. These would not be rated as hallucinations unless they occur during normal waking hours.

Impulsivity/Hyperactivity

This item is designed to allow for the description of the child or adolescents level of impulsiveness or hyperactivity. The types of disorders included within this item are Attention Deficit/Hyperactivity Disorder (ADHD) and disorders of impulse control. Children and adolescents with impulse problems tend to engage in behavior without thinking, regardless of the consequences. A '3' on this item is reserved for those whose impulsive behavior has placed them in physical danger during the period of the rating.

According to DSM-IV, ADHD is characterized by the following:

1. Either of the following:
 - a.
 - six or more of the following symptoms of inattention to a degree that it causes functioning problems over a six month period:
 1. often fails to give close attention to details or makes careless mistakes
 2. often has difficulty sustaining attention in tasks or play activities
 3. often does not seem to listen when spoken to directly

4. often does not follow through on instruction and fails to finish tasks
5. often has difficulty organizing tasks and activities
6. often avoids, dislikes, or is reluctant to engage in tasks that require sustained attention
7. often loses things necessary for tasks or activities
8. is often easily distracted by extraneous stimuli
9. is often forgetful in daily activities

b.

six or more of the following symptoms of hyperactivity or impulsivity to a degree that it causes functioning problems over a 6 month period:

1. often fidgets with hands or feet or squirms in seat
2. often leaves seat in classroom or in other situations in which remaining seated is expected
3. often runs about or climbs excessively in inappropriate situations
4. often has difficulty playing or engaging in leisure activities quietly
5. is often 'on the go' or often acts as if 'driven by a motor'
6. often talks excessively
7. often blurts out answers before questions have been completed
8. often has difficulty waiting turn
9. often interrupts or intrudes on others

Depression

Depression is a disorder that is thought to affect about 5% of the general population of the United States. It appears to be equally common in adolescents and adults although it might be somewhat less common among children, particularly young children. The following provides the DSM-IV diagnostic criteria for the presence of a Major Depressive Episode. The main difference between depression in children and adolescents and depression in adults is that among children and adolescents it is thought that depression is as likely to come with an irritable mood as a depressed mood. In adults, a depressed mood is a cardinal symptom of depression.

The person exhibiting five or more of the following symptoms during the same two-week period and representing a change from prior status characterizes Major Depression:

1. depressed or irritable mood most of the day, nearly every day

2. markedly diminished interest or pleasure in all or almost all activities, most of the day, nearly every day
3. significant weight loss or gain (not a growth spurt)
4. sleep difficulties or too much sleep nearly every night.
5. agitation or retardation in movement nearly everyday
6. fatigue or loss of energy nearly everyday
7. feelings of worthlessness or excessive or inappropriate guilt
8. diminished ability to think or concentrate or indecisiveness, nearly every day
9. recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or specific plan for committing suicide

Dysthymic Disorder is a chronic condition in which the child or adolescent must have a depressed or irritable mood most of the time for at least one year. The level of symptoms may be lower to qualify for this condition, but the duration must be at least one year.

Anxiety

Anxiety disorders are characterized by either a constant sense of worry or dread or 'out-of-the blue' panic attacks in which the child or adolescent becomes terrified of losing control, dying, or becoming crazy.

A '1' is used to indicate a child or adolescent who has some problems with anxiety or worrying or may have had a single panic attack in the past six months. A '2' would indicate a child who has had repeated panic attacks or who fits the criteria for a Generalized Anxiety Disorder. A '3' would indicate such a level of anxiety as to put the child at some physical risk.

In DSM-IV the symptoms of **Generalized Anxiety Disorder** are the following

1. Excessive worrying lasting for at least six months
 1. Anxiety and worry are associated with at least three of the following (note: children only need one of these symptoms)
 1. restlessness or feeling keyed up
 2. being easily fatigued
 3. difficulty concentrating or mind going blank
 4. irritability
 5. muscle tension
 6. sleep disturbance
 2. The anxiety or worry is not about other psychiatric conditions
 3. The anxiety or worry causes significant functioning impairment or distress

Oppositional

This item describes the child or adolescent's relationship to authority figures. Generally oppositional behavior is in response to conditions set by a parent, teacher or other figure with responsibility for and control over the child or youth. A '0' is used to indicate a child or adolescent who is generally compliant, recognizing that all children and youth fight authority some. A '1' is used to indicate a problem that has started recently (in past six months) and has not yet begun to cause significant functional impairment or a problem that has begun to be resolved through successful intervention. A '2' would be used to indicate a child or adolescent whose behavior is consistent with **Oppositional Defiant Disorder (ODD)**. A '3' should be used only for children and adolescents whose oppositional behavior put them at some physical peril.

According to DSM-IV, the criteria for ODD include at least four of the following occurring for at least six months:

1. often loses temper
2. often argues with adults
3. often actively defies or refuses to comply with adults' requests or rules
4. often deliberately annoys people
5. often blames others for his or her mistakes or misbehavior
6. is often touchy or easily annoyed by others
7. is often angry and resentful
8. is often spiteful and vindictive

Conduct

This item is used to describe the degree to which a child or adolescent engages in behavior that is consistent with the presence of a Conduct Disorder. Although the actual prevalence is not known, it is believed that Conduct Disorder occurs in 1% to 3% of children and adolescents. This is the disorder that is the childhood equivalent to Antisocial Personality Disorder in adults. Although for an adult to have an Antisocial Personality it requires that they had a Conduct Disorder as a youth, most youth with Conduct Disorders do not grow up to be adults with Antisocial Personalities.

According to DSM-IV, at least three of the following four primary behaviors have been present in the past year, and at least one in the past 6 months:

1. Aggression to people and animals
 - a. bullies, threatens, and intimidates others
 - b. initiates physical fights
 - c.

has used a weapon that can cause serious physical harm

d.

has been physically cruel to people

e.

has been physically cruel to animals

f.

has stolen while confronting a victim

g.

has forced someone into sexual activity

2. Destruction of property

a.

has deliberately engaged in fire setting

b.

has deliberately destroyed others property (by means other than fire setting)

3. Deceitfulness or theft

a.

has broken into someone else's house, building, or car

b.

often lies to obtain goods or favors or to avoid obligations

c.

has stolen items of nontrivial value without confronting a victim

4. Serious violations of rules

a.

often stays out at night despite parental prohibitions, beginning before age 13

b.

has run away from home overnight at least twice while living in parental or parental surrogate home

c.

is often truant from school, beginning before age 13

Adjustment to Trauma

This item is used to describe the child or adolescent who is having difficulties adjusting to a traumatic experience. If a child has not experienced any trauma or if they have their traumatic experiences no longer impact their functioning, then he/she would be rated a '0'. A '1' would indicate a child who is making progress learning to adjust to a trauma or a child who recently experienced a trauma where the impact on his/her well-being is not yet known. A '2' would indicate significant

problems with adjustment or the presence of an acute stress reaction. A '3' indicates **Post Traumatic Stress Disorder (PTSD)**.

A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the Trauma Module.

The trauma module was taken from the Trauma Experiences and Adjustment version of the CANS which was developed in collaboration with several sites of the National Child Traumatic Stress Network. The module includes specification of traumatic experiences that can be associated with PTSD. In addition, specific trauma stress symptoms are described.

DSM-IV defines a traumatic event as one in which both of the following were present:

1. the person experience, witness, or was confronted with an event or events that involved actual or threatened death or serious injury, or threat to the physical integrity of self or others.
2. the person's response involved intense fear, helplessness, or horror. Or a child reacted with disorganized or agitated behavior

According the DSM-IV the symptoms of PTSD include the following

1. The traumatic event is re-experienced in at least one of the following ways:
 - a. recurrent and intrusive recollections
 - b. recurrent distressing dreams of the event (children may have nightmares and be unable to recall the theme)
 - c. acting or feeling as if the event were recurring or children may re-enact the event.
 - d. Intense distress at exposure to either internal or external stimuli that reminds the person of the event.
 - e. Physiological reactivity to either internal or external stimuli that reminds the person of the event.
2. Persistent avoidance of stimuli associated with the trauma as indicated by three of more of the following:
 - a. efforts to avoid thoughts, feeling, or conversations associated with the event.

- b.
Efforts to avoid activities, places or people that arouse recollections of the events.
- c.
Inability to recall an important aspect of the event.
- d.
Markedly diminished interest or participation in significant activities.
- e.
Feeling or detachment or estrangement from others
- f.
Restricted range of affect (e.g. unable to have loving feelings)
- g.
Sense of foreshortened future (e.g. does not expect to finish school, have career, get married)

3. Marked arousal as indicated by:

- a.
difficulty falling asleep or staying asleep
- b.
irritability or outbursts of anger
- c.
difficulty concentrating
- d.
hypervigilance
- e.

exaggerated startle response

Anger Control

This item describes the child and adolescent's ability to manage his/her anger and frustration tolerance. The 'O' level indicates a child or adolescent without problems on this dimension. Everybody gets angry sometime, so this item is intended to identify individuals who are more likely than average to become angry and that this control problem leads to problems with functioning. A '1' level is occasional angry outbursts or a situation where the individual has begun to successfully exercise control over his/her temper. A '2' level describes an individual who has functioning problems as a result of anger control problems. An individual who meets criteria for Intermittent Explosive Disorder would be rated here. A '3' level describes an individual whose anger control has put them in physical peril within the rating period.

According to DSM-IV, the criteria for **Intermittent Explosive Disorder** include the following:

1. Several discrete episodes of failure to resist aggressive impulses that result in serious assaultive acts or destruction of property.
2. The degree of aggressiveness expressed during the episodes is grossly out of proportion to any precipitating psychological stressors.

Substance Use

The main distinction in this rating is that if a child or adolescents uses any alcohol or drugs, then he/she would be rated as at least a '1'. If this use causes any functioning problems, then he/she would be rated as at least a '2'. If the child or adolescent were dependent on a substance or substances, then he/she would be rated as a '3'.

A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the Substance Use Module.

The Substance Use Module allows for a specification of the history and duration of substance use along with a clarification of the drug(s) of choice and stage of recovery.

In DSM-IV **Substance Dependence** is characterized by a pattern of maladaptive substance use, leading to significant impairment or distress as evidenced by at least three (or more) or the following occurring in a 12-month period:

1. tolerance to the substance, as defined as either
 - a. a need for a markedly increased amount to achieve intoxication; or,
 - b. a markedly diminished effect of using the same amount
2. withdrawal, as defined as either
 - a. a characteristic withdrawal syndrome of a specific substance
 - b. the same substance taken to relieve or avoid symptoms of a withdrawal syndrome.
1. the substance is taken in larger amount over a longer period of time than intended
2. there is a persistent desire or unsuccessful efforts to cut down or control substance use
3. a great deal of time is spent in activities necessary to obtain the substance
4. important social, educational, or recreational activities are given up or reduced because of substance use
5. the substance use is continued despite knowledge of having a persistent or recurrent problem.

Eating Disturbance

Anorexia and Bulimia nervosa would be rated here; however, this item also would be used to describe a number of other problems with eating including very picky eating, over-eating, and Pica. Food hoarding also would be rated here.

RISK BEHAVIORS

Suicide Risk

This item is intended to describe the presence of suicidal behavior. Only overt and covert thoughts and efforts at attempting to kill oneself are rated on this item. Other self-destructive behavior is rated elsewhere.

Since a history of suicidal ideation and gestures is a predictor of future suicide, any child or adolescent with a history is rated at least a '1'. Therefore, a '0' is reserved for children and adolescents with no current suicidal thoughts, ideation, or behavior nor any history. A '2' is used to describe a child or adolescent who is recently suicidal but who is not currently planning to kill him/herself. Thus, a youth who was thinking about suicide but was able to contract for safety would be rated a '2'. A '3' is used to identify an individual who is either attempted suicide during the rating period or who during this time has an active intention and plan to commit suicide.

Self-Mutilation

This item is used to describe repetitive behavior that results in physical injury to the child or adolescent. Carving and cutting on the arms or legs would be common examples of self-mutilation behavior. Generally body piercing and tattoos are not considered a form of self mutilation. Repeatedly piercing or scratching one's skin would be included. Self mutilation is thought to have addictive properties since generally the self abusive behavior results in the release of endorphins (naturally produced morphine-like substances) that provide a calming feeling.

Other Self Harm

This item is used to describe behavior not covered by either Suicide Risk or Self-Mutilation that places a child or adolescent at risk of physical injury. This item could be called "Recklessness." Any behavior that the child engages in has significant potential to place the child in danger of physical harm would be rated here. This item provides an opportunity to identify other potentially self-destructive behaviors (e.g. reckless driving, subway surfing). If the child frequently exhibits significantly poor judgment that has the potential to place them in danger, but has yet to actually place themselves in such a position, a rating of '1' might be used to indicate the need for prevention. To rate a '3', the child or adolescent must have placed himself or herself in significant physical jeopardy during the rating period.

Danger to Others

This item rates the child or adolescents violent or aggressive behavior. Like 'Suicide Risk' a '1' is reserved for history of violence or dangerous aggressiveness. The behavior rated in this item must have the potential to cause significant bodily harm.

The behavior also should be intentional. Reckless behavior that may cause physical harm to others is not rated on this item.

Thus a 'O' is used to indicate neither history nor any current violent or aggressive behavior. A '1' indicates history but not recent (as defined in the criteria of the tool used). A '2' indicates recent but not immediate. A '3' is reserved for a youth who is acutely dangerous to others at the time of the rating (generally within the past 24 hours). A boy who threatens his mother with a knife would be a '3' at the time of the incident. If he remains committed to killing or injuring his mother even several days after the threat, he would remain a '3'. If on the other hand, he calms down and feels bad about his earlier threats, he would be reduced to a '2' and then a '1' with the passage of time so long as no other violent behavior or plans are observed.

A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the [Violence Module](#).

Sexual Aggression

This item is intended to describe sexually aggressive (or abusive) behavior. Only perpetrators of sexual behavior are rated here. The severity and recency of the behavior provide the information needed to rate this item. If sexually aggressive behavior is at the level of molestation, penetration, or rape that would lead to a rating of a '3'. Any of this behavior in the past year, but not in the rating window would result in a rating of '2'. Several situations could result in a rating of '1'. A history of sexually aggressive behavior but not in the past year or harassment of others using sexual language would be rated as a '1'.

A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the [Sexually Abusive Behavior Module](#).

Runaway

This item describes the risk of or actual runaway behavior. A "O" is no evidence; a "1" some history of runaway behavior at least 30 days ago; a "2" recent runaway, but not in the past 7 days and a "3" is an acute threat or significant ideation about running away, or that the child is currently a runaway.

A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the [Runaway Module](#).

Delinquency

This relates to delinquent behavior for which the youth may or may not have been caught (thus may not have any legal involvement) and juvenile justice issues.

A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the [Delinquency Module](#).

Fire-setting

This item describes whether the child intentionally starts fires using matches or other incendiary devices. A '3' is used to describe a child who set a fire that endangered

others within the rating window (i.e., 24 hours for the crisis assessment, and 30 days for the CSA referral). A '2' is used to indicate recent fire-setting behavior or repeated fire setting that did not occur within the rating window. A '1' is used to indicate history without any evidence of current or recent behavior (past month). A '1' might also be used if fire-setting behavior is suspected but not confirmed.

A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the Fire-setting Module.

Social Behavior

This item refers to obnoxious behaviors that force adults to sanction the child. The key to rating this behavior is to understand that the child or youth is intentionally try to force sanctions. For example, a youth who is try to get away with something is not engaged in this behavior. But, a youth who does something that obviously requires a sanction in a manner in which there is no doubt that a sanction must be provided may be seeking that sanction. A child who forces his/her teacher to send him/her out of class because he is having trouble learning would fit this category.

Bullying

This item describes behavior that involves intimidation (either verbal or physical or both) of peers and younger children. Threatening others with harm if they do not do comply with the child or youth's demands would be rated here.